

20 Robertson Street, Radford, Virginia 24141

(540) 731-3624



Secondhand Building Material - Dealer Permit Application §59.1-118

Name (Last, First, Middle)						cial Security N	umber		Date of Birth		
Driver's License #	State of Issue		Height	Weight		Hair Color		Eye Color	Sex	Race	
Address (Numeric and Street Name)			<u> </u>	City				S	tate Zij)	
Cell Phone Number Home Phone			e Number			V	Work Phone Number				
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Employment Information:											
Business Name						Business License Number					
Business Address (Numeric and Street Name) C							State Zip				
Vehicle used to collect materials:											
Make		Model				У	Year of Vehicle				
Color		License Plate Number				L	License Plate State				
Chief of Police or Designee:											
Approved			Date								
Denied			Date								